HAVEN

HEALTH ASSISTANCE INTERVENTION EDUCATION NETWORK

Legislative Testimony
Judicial Committee
S.B. No. 1015
An Act Concerning the Palliative Use of Marijuana
And
H.B. 6566
An Act Concerning the Compassionate Use of Marijuana

Senator Coleman, Representative Fox, Senator Doyle, Representative Holder-Winfield, Senator Kissel, Representative Hetherington and members of the Judicial Committee, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in opposition to Bill No. 1015, An Act Concerning the Palliative Use of Marijuana and Bill No. 6566, An Act Concerning the Compassionate Use of Marijuana.

S.B. No. 1015 and H.B. 6566 appear to follow a minority of states which are recognizing "medical marijuana." HAVEN asks that Connecticut not follow these states at this time.

Substance use disorders have been increasingly recognized as an illness which takes a tremendous toll on the individual, their family, and society. By 2002, the economic cost of drug abuse in the United States was $180.8 billion dollars.[1] There is no dispute that marijuana is addictive. Marijuana has also been described as a gateway substance leading to use of other addictive substances and drugs. In the 1960s, the content of marijuana active ingredients is estimated to be 2 to 3%. Today the percentage of active ingredients is estimated to be 25 to 30%.

Healthcare professionals suffer from substance use disorders at the same rate as the general population. It is accepted that 10 to 15 % of the population will suffer from substance use disorders. These bills place at risk the far greater number within our state vulnerable to substance abuse in the purported interest of a relatively small number of individuals who may benefit from the use of an illegal substance for palliative or compassionate purposes.

For medical and health professionals suffering from substance use disorders, HAVEN is

[1] Office of National Drug Control Policy, "The Economic Cost of Drug Abuse in the United States in 1992 -2002" Section IV

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a total abstinence based program. Professionals with substance use disorders and legitimate pain conditions require careful monitoring. Often, the professional will enter into a contract with both an addiction specialist and a pain management specialist. Physicians who prescribe controlled substances such as opioids for the treatment of pain are required to follow guidelines set forth by the Connecticut Medical Examining Board in order to be an approved provider for a health professional. S.B. 1015 and H.B. 6566 do not require any such protections and, in essence, shield potentially negligent conduct.

S.B. 1015 and H.B. 6566 provide a good-faith-type immunity to a physician who issues a written certification from prosecution as well as precluding review by the Connecticut Medical Examining Board. Such a lack of oversight and accountability are fatal flaws in these bills.

It is also troubling that the qualifying patient may treat themselves with marijuana in the presence of others as long as the individuals are over eighteen years of age. The use of marijuana in the presence of a person with substance use disorder is a real concern. Addiction does not discriminate by age. Marijuana may be used in the presence of any person, despite the individual's predisposition for abuse or actual substance use disorder. Although a primary caregiver cannot have a conviction for possession of marijuana or for dealing drugs, under the current language a primary caregiver can have the illness of addiction and still be a primary caregiver.

A primary caregiver may suffer from second hand exposure. If a healthcare professional claims to be a primary care giver, they will have regular second hand exposure. If a hospital, employer, or HAVEN conducts a urine drug screen which tests positive for THC, it is unclear how we can proceed to rule out active inappropriate use in a professional designated as a primary caregiver or a "qualifying" patient. Patient care in Connecticut will be put at risk.

Currently, if a professional is being monitored by HAVEN for substance use disorders and has a positive screen, this noncompliance is reported to the Department of Public Health under Connecticut General Statute Section 19a-12a. Discipline or continued confidential intervention is within the discretion of the Department of Public Health. Under the proposed bill, if the professional claims that they have a written certificate or they were in the presence of qualifying patient when the patient was using the marijuana, HAVEN cannot assure that the professional is practicing medicine in a state free of substances of abuse. However, the public cannot expect the Department of Public Health to monitor the professional as these bills do not allow oversight. Again, patient care may be anticipated to be put at risk.

Language in the bills seem inherently contradictory. By its very nature, the palliative use of marijuana in the presence of a third person endangers the health or well-being of another person. Marijuana is a weed composed of 483 different chemical constituents. 66

are psychoactive cannabinoids, 256 are other psychoactive chemicals and the remaining are carcinogens. There are warnings for cigarettes, but no regulation or warnings for marijuana, because it is not FDA approved. With little evidence based data, how can a physician give informed consent and who is entitled to informed consent: the qualifying patient, the primary caregiver, or both?

Other language concerns include the definition of debilitating condition. Certain diagnoses qualify as debilitating conditions even though the disease may not have advanced to the point of being debilitating. There is no requirement that a physician issuing a written certification have expertise in addiction or satisfy any approved criteria. HAVEN objects to marijuana plants being allowed to be cultivated in secure indoor facilities, such as dwellings and further submits that the legislature should not enact bills without an understanding as to how production facilities would be implemented and overseen.

Legislation regarding medical marijuana requires further study and research. According to Dr. J. Randle Adair who presented at the Clinical Application of the Principles in Treatment of Addictions and Substance Abuse Conference in Lexington, Kentucky on January 28, 2011, there is currently a drug in the pipeline that uses the CB2 component of cannabis and inhibits pain without the side effects of previously recognized cannabis derivative drugs. Passage of laws like SB 1015 and H.B. 6566 discourage research into the development of safe and effective cannabis derivative drugs that may be properly regulated, controlled and dispensed. Moreover, the development of an effective drug would render the need for such legislation null and void.

Finally, unlike SB 1015, HB 6566 creates an advisory board limited to eight physicians or surgeons in one of the following specialties: neurology, pain medicine, pain management, medical oncology, psychiatry, infectious disease, family medicine or gynecology. The advisory board criteria is not adequate, as an addiction specialist may not be included on the board. An addiction specialist is essential for such an advisory committee. Also, a quorum is satisfied with less than fifty percent of the advisory committee present. The value of the board composition is undermined by the fact that only three members will carry the full weight of board recommendations. In addition, the advisory board is created after the fact.

HAVEN suggests that a task force be convened and that the task force include but not be limited to representatives from the Department of Consumer Protection, the Department of Public Health, law enforcement, physicians or surgeons specializing in pain management, addiction medicine, and neurology in order to better assess the feasibility of the palliative or compassionate use of marijuana in Connecticut.

I would like to again thank the Committee for allowing me to submit testimony on behalf

of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions I would be happy to make myself available at your convenience.

Respectfully submitted:

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